

# Foster Family Home - Corrective Action Report

Provider ID: 1-561945

Home Name: Lenie Allera, CNA

Review ID: 1-561945-8

203 Plum Street

Reviewer: Maribel Nakamine

Wahiawa

HI 96786

Begin Date: 12/16/2020

## Foster Family Home Required Certificate [11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Recertification inspection for a 3 person CCFFH completed.

Corrective Action Report issued during CCFFH inspection with items due to CTA within 30 days.

6.(d)(1)- see applicable sections of the review

## Foster Family Home Background Checks [11-800-8]

8.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

8.(a)(1), (2)- CG#1, CG#2, and CG#3's APS/CAN all lapsed on 9/21/19 and renewed on 9/20/19. Ecrim for all also lapsed on 2/5/2020 and were renewed on 2/7/2020. HHM #2's APS/CAN lapsed on 5/2/19 and renewed on 9/20/19; Ecrim lapsed on 2/5/20 and renewed on 2/7/2020. HHM#3's APS/CAN/Fingerprinting lapsed on 1/4/2020 and renewed on 2/25/2020.

## Foster Family Home Information Confidentiality [11-800-16]

16.(b)(5) Provide training to all employees, and for homes, other adults in the home, on their confidentiality policies and procedures and client privacy rights.

Comment:

16.(b)(5)- No completed/signed confidentiality policies and procedures and client privacy rights done for HHM#2 and HHM#3 in the CCFFH binder.

## Foster Family Home Personnel and Staffing [11-800-41]

41.(f)(1) Tuberculosis clearances that meet department of health guidelines; and

Comment:

41.(f)(1)- CG#1's TB clearance expired on 12/11/2020 and no current renewal seen in the CCFFH binder.

# Foster Family Home - Corrective Action Report

Foster Family Home

Grievance

[11-800-45]

45. The community care foster family home shall have policies and procedures by and through which a client may present grievances about the operation or services of the home. The policies shall include a provision that a client may choose to present any grievance directly to the department of health. The home shall:
- 45.(1) Inform the client or the client's legal representative of the grievance policies and procedures and the right to appeal in a grievance situation;
- 45.(2) Provide a written copy of the grievance policies and procedures to the client or the client's legal representative, which includes the names and telephone numbers of the individuals who shall be contacted in order to report a grievance; and
- 45.(3) Obtain signed acknowledgements from the client or the client's legal representative that the grievance policies and procedures were reviewed

Comment:

45.(1), (2), (3)- No completed Admission Policy and Agreement seen in CCCFFH binder for Client #1, Client #2, and Client #3 upon admission to the CCFFH.

Foster Family Home

Records

[11-800-54]

54.(c)(5) Medication schedule checklist;

Comment:

54.(c)(5)- Medication discrepancies were noted for Client #1 and Client #2.  
Client #1- one medication was not transcribed in the Medication Administration Record- currently with doctor's order and medication was available on hand.  
Client #2- one medication was not transcribed in the Medication Administration Record- currently with doctor's order and medication was available on hand.

*Therick Nakamine, RN*

Compliance Manager

*Lemie R. ALLEKA*

Primary Care Giver

*12/16/2020*

Date

*12/16/20*

Date

CTA RN Compliance Manager: Maribel Nakamine

Community Care Foster Family Home (CCFFH)  
Written Corrective Action Plan (CAP)  
Chapter 11-800

PCG's Name on CCFFH Certificate: Lenie ALLERA

(PLEASE PRINT)

CCFFH Address: 203 PLUM Street, Wahiawa, HI 96786

(PLEASE PRINT)

Rule Number	Corrective Action Taken – How was each issue fixed for each violation?	Date each violation was fixed	Prevention Strategy – How will you prevent each violation from happening again in the future?
8.(a), (1),(2)	Lapse cannot be corrected	12/16/20	CG #1 will utilize a wall calendar to schedule due dates 2 months in advance to prevent future lapses
16.(b) (5)	CG #1 trained HH #2 and HH #3 on confidentiality policies and procedures and clients privacy rights. Signed form was filed in CCFFH binder	12/20/20	CG #1 will train all new caregivers and adult household members within 7 days of adding them to home/CCFFH
41.(f) (1)	Doctors appointment on 12/18/20 for TB test	12/21/20	CG #1 will utilize a wall calendar to schedule due dates 1 month in advance to prevent future lapses
45.(1),(2)(3)	CG #1 will complete admission and policy agreement.	12/16/20	CG #1 will make new client signed and complete admission policy agreement during admission
54.(c)(5)	CG #1 will transcribed the medicine in the medication administration record		CG #1 will call [redacted] to update Medication administration Record to prevent discrepancies

All items that were fixed are attached to this CAP

PCG's Signature: [Signature]

Date: 12/21/20



CTA has reviewed all corrected items